

12335

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 2 1940
Registration District No. 784

Primary Registration District No. 113

Registrar's No. 610

1. PLACE OF DEATH:
(a) County W. Louis
(b) City or town FLORISSANT MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
469 ST. JOSEPH STR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
9 YRS. (Specify whether
In this community _____
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County _____
(c) City or town FLORISSANT MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 469 ST. JOSEPH STR.
0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ELIZABETH KLOPPENBERG
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1940 hour 6 minutes 25 A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased APR. 3RD 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27
6 1940, to March 27, 1940
that I last saw him alive on March 23, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 11 24 _____ hr. _____ min.

Immediate cause of death _____
Cerebral Hemorrhage
Due to Arterio-sclerosis
Due to _____

9. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically

10. Usual occupation HOUSE WORK AT HOME

11. Industry or business _____
12. Name HENRY LUDWIG 6
13. Birthplace GERMANY 6
14. Maiden name MARGARET WISKE 6
15. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

Major findings: Of operations 97a/
Of autopsy _____

16. (a) Informant's own signature Mrs. E. A. Kloppenberg
(b) Address Florissant Mo. R. 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof MCH 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SACRET HEART CEM.

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
767 (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Rockland, Ind. Co
(b) Address 1827 Hogan St.
19. (a) MAR 28 1940 (b) [Signature]
(Date received from registrar) (Registrar's signature)

23. Signature L. C. Adams (M. D. or other) [Signature]
Address Fl. Florissant, Mo Date signed 27-40

N. B.—Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Guy W Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.